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COVER LETTER

TO: Registration Se Division of Cor			
SURJECT: PARFO	RCE FINANCI	AL LLC	
	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	A
	E. JACK Dur	VCAN	HAY 2
		Name of Person	SS PR
		Firm/Company	22: 22 LORI
	503 SW 67	Address	P
		Address	
	HALLANDA	LE, FL 33009	
	Jakde ILCS. E-mail address: (i	City/State and Zip Code Net o be used for future annual report notificati	on)
For further information of	oncerning this matter, please ca		
JACK 3	DUNCAN	at (954) 253 946 Area Code & Daytime Te	5
Name o	of Person	' Area Code & Daytime Te	lephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARFORCE FINANCIA	L LLC
(<u>Name of the Limited Liability Co</u> (A Florida Limi	ompany as it now appears on our records ited Liability Company)
The Articles of Organization for this Limited Liability Com	ipany were filed on 05 - 14 - 2013 and assigned
Florida document number <u>L13000070501</u> .	2.2
This amendment is submitted to amend the following:	DP.
A. If amending name, enter the new name of the limited	l liability company here:
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	<u>(S)</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, enter the name of the new s here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Address 503 SW 6 TH AVENUE, HALLANDALE Type of Action **Title** <u>Name</u> MGRM DOLLY CHATTERGOON FL 33009 Remove Add Remove Remove Remove Remove Remove

	1
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00